

<i>SERFF Tracking Number:</i>	<i>LWLL-127718098</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50030</i>
<i>Company Tracking Number:</i>	<i>0289201101</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer</i>		
<i>Project Name/Number:</i>	<i>Individual Cancer/0289201101</i>		

Filing at a Glance

Company: Protective Life Insurance Company		
Product Name: Individual Cancer	SERFF Tr Num: LWLL-127718098	State: Arkansas
TOI: H07I Individual Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Disapproved	State Tr Num: 50030
Sub-TOI: H07I.002A Dread Disease - Cancer Only	Co Tr Num: 0289201101	State Status: Disapproved-Closed
Filing Type: Rate		Reviewer(s): Rosalind Minor
	Author: Brian Stentz	Disposition Date: 10/17/2011
	Date Submitted: 10/13/2011	Disposition Status: Disapproved
Implementation Date Requested: 03/01/2012		Implementation Date:
State Filing Description:		

General Information

Project Name: Individual Cancer	Status of Filing in Domicile: Authorized
Project Number: 0289201101	Date Approved in Domicile: 09/08/2011
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: Resubmission	Previous Filing Number: LWLL-127347361
Individual Market Type:	Overall Rate Impact: 24.3%
Filing Status Changed: 10/17/2011	
State Status Changed: 10/17/2011	Deemer Date:
Created By: Brian Stentz	Submitted By: Brian Stentz
Corresponding Filing Tracking Number:	
Filing Description:	
Rate increase for supplemental cancer policies providing coverage for cancer related expenses, including unlimited radiation & chemotherapy.	

Company and Contact

Filing Contact Information

Brian Stentz, Actuary	bstentz@lewisellis.com
P.O. Box 851857	972-850-0850 [Phone]

SERFF Tracking Number: LWLL-127718098 State: Arkansas
Filing Company: Protective Life Insurance Company State Tracking Number: 50030
Company Tracking Number: 0289201101
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: Individual Cancer
Project Name/Number: Individual Cancer/0289201101

2929 N. Central Expy.,Ste. 200 972-850-0851 [FAX]
Richardson, TX 75805-1857

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated2)

Protective Life Insurance Company	CoCode: 68136	State of Domicile: Tennessee
P.O. Box 2606	Group Code: 458	Company Type:
Birmingham, AL 35202	Group Name:	State ID Number:
(800) 265-1545 ext. 3211[Phone]	FEIN Number: 63-0169720	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Life Insurance Company	\$50.00	10/13/2011	52806905

SERFF Tracking Number:	LWLL-127718098	State:	Arkansas
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TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Individual Cancer		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	10/17/2011	10/17/2011

<i>SERFF Tracking Number:</i>	<i>LWLL-127718098</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>0289201101</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer</i>		
<i>Project Name/Number:</i>	<i>Individual Cancer/0289201101</i>		

Disposition

Disposition Date: 10/17/2011

Implementation Date:

Status: Disapproved

Comment:

It is the primary missio of the Arkansas Insurance Department to protect consumers.

given the current state of the economy and the fact that this closed block of business has continually received rate increase over the part 6 years or longer, and the impact that another increase will have at this time, we are disapproving your request for a 24.3% rate increase.

We appreciate your understanding and cooperation.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Protective Life Insurance Company	24.300%	24.300%	\$24,523	15	\$100,916	24.300%	24.300%

SERFF Tracking Number:	LWLL-127718098	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	50030
Company Tracking Number:	0289201101		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Individual Cancer		
Project Name/Number:	Individual Cancer/0289201101		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Cover Letter	Disapproved	Yes
Supporting Document	Authorization Letter	Disapproved	Yes
Supporting Document	Universal Transmittal	Disapproved	Yes
Supporting Document	Outline of Coverage	Disapproved	Yes
Rate	CA05 Rate Sheets	Disapproved	Yes
Rate	CA06 Rate Sheets	Disapproved	Yes
Rate	CA085 Rate Sheets	Disapproved	Yes

SERFF Tracking Number:	LWLL-127718098	State:	Arkansas
Filing Company:	Protective Life Insurance Company	State Tracking Number:	50030
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TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Individual Cancer		
Project Name/Number:	Individual Cancer/0289201101		

Rate Information

Rate data applies to filing.

Filing Method:	Serff
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	15.000%
Effective Date of Last Rate Revision:	03/01/2011
Filing Method of Last Filing:	Serff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Protective Life Insurance Company	24.300%	24.300%	\$24,523	15	\$100,916	24.300%	24.300%

SERFF Tracking Number: LWLL-127718098 State: Arkansas

Filing Company: Protective Life Insurance Company State Tracking Number: 50030

Company Tracking Number: 0289201101

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: Individual Cancer

Project Name/Number: Individual Cancer/0289201101

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Disapprove CA05 Rate Sheets d 10/17/2011		CA05	Revised	Previous State Filing Number: Percent Rate Change Request: 24.300	CA05 Rate sheets-AR.pdf
Disapprove CA06 Rate Sheets d 10/17/2011		CA06	Revised	Previous State Filing Number: Percent Rate Change Request: 24.300	CA06 Rate sheets-AR.pdf
Disapprove CA085 Rate Sheets d 10/17/2011		CA08	Revised	Previous State Filing Number: Percent Rate Change Request: 24.300	CA08 Rate sheets-AR.pdf

**Arkansas
Cancer Policy CA-05
Current Rates****Payroll Deduction Monthly Rates**

	Individual	Family
All ages	\$548.97	\$974.94

Direct Monthly Rates

Issue Age	Individual	Family
under 46	\$599.96	\$1,049.94
46-59	749.95	1,424.91
60-70	1,373.92	2,624.84

Association Monthly Rates

	Individual	Family
All ages	\$599.96	\$1,049.94

**Arkansas
Cancer Policy CA-05
Proposed Rates with a 24.3% increase
Effective 3/1/2012**

Payroll Deduction Monthly Rates

	Individual	Family
All ages	\$682.37	\$1,211.85

Direct Monthly Rates

Issue Age	Individual	Family
under 46	\$745.75	\$1,305.07
46-59	932.19	1,771.17
60-70	1,707.78	3,262.67

Association Monthly Rates

	Individual	Family
All ages	\$745.75	\$1,305.07

**Arkansas
Cancer Policy CA-06
Current Rates**

Monthly Rates

Issue Age	Individual	Family
55 & over	\$136.21	\$264.25

**Arkansas
Cancer Policy CA-06
Proposed Rates with a 24.3% increase
Effective 3/1/2012**

Monthly Rates

	Individual	Family
55 & over	\$169.31	\$328.47

**Arkansas
Cancer Policy CA-08
Current Rates**

Payroll Deduction Monthly Rates

		Daily Hospital Benefit			
		\$120	\$220	\$320	\$420
Individual	All ages	\$519.68	\$591.27	\$662.00	\$733.59
Family	All ages	878.93	1,008.31	1,137.69	1,267.07

Direct Monthly Rates

		Daily Hospital Benefit			
		\$120	\$220	\$320	\$420
Issue Age					
Individual	under 46	\$519.68	\$591.27	\$662.00	\$733.59
	46-59	655.53	741.78	828.04	914.29
	60-70	1,194.18	1,355.91	1,517.64	1,679.36
Family	under 46	\$878.93	\$1,008.31	\$1,137.69	\$1,267.07
	46-59	1,194.18	1,355.91	1,517.64	1,679.36
	60-70	2,194.30	2,491.87	2,789.45	3,087.02

**Arkansas
Cancer Policy CA-08
Proposed Rates with a 24.3% increase
Effective 3/1/2012**

Payroll Deduction Monthly Rates

		Daily Hospital Benefit			
		\$120	\$220	\$320	\$420
Individual	All ages	\$645.96	\$734.95	\$822.86	\$911.85
Family	All ages	1,092.50	1,253.33	1,414.15	1,574.97

Direct Monthly Rates

		Daily Hospital Benefit			
		\$120	\$220	\$320	\$420
	Issue Age				
Individual	under 46	\$645.96	\$734.95	\$822.86	\$911.85
	46-59	814.82	922.04	1,029.25	1,136.46
	60-70	1,484.37	1,685.40	1,886.42	2,087.45
Family	under 46	\$1,092.50	\$1,253.33	\$1,414.15	\$1,574.97
	46-59	1,484.37	1,685.40	1,886.42	2,087.45
	60-70	2,727.51	3,097.40	3,467.28	3,837.17

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TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Individual Cancer		
Project Name/Number:	Individual Cancer/0289201101		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Health - Actuarial Justification	Disapproved	10/17/2011
Comments:			
Attachment:			
Memo - AR.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Cover Letter	Disapproved	10/17/2011
Comments:			
Attachment:			
Cover Letter- AR.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Authorization Letter	Disapproved	10/17/2011
Comments:			
Attachment:			
2011 Authorization Letter.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Universal Transmittal	Disapproved	10/17/2011
Comments:			
Attachment:			
industry_rates_lh_trans-AR.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Outline of Coverage	Disapproved	10/17/2011

<i>SERFF Tracking Number:</i>	<i>LWLL-127718098</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Protective Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50030</i>
<i>Company Tracking Number:</i>	<i>0289201101</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Individual Cancer</i>		
<i>Project Name/Number:</i>	<i>Individual Cancer/0289201101</i>		

Comments:

Attachment:

AR Outline of Coverage.pdf

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
 S. Scott Gibson, F.S.A.
 Cabe W. Chadick, F.S.A.
 Michael A. Mayberry, F.S.A.
 Steven D. Bryson, F.S.A.
 Gregory S. Wilson, F.C.A.S.
 David M. Dillon, F.S.A.
 Bonnie S. Albritton, F.S.A.
 Brian D. Rankin, F.S.A.
 Wesley R. Campbell, F.S.A.
 Jacqueline B. Lee, F.S.A.
 Robert E. Gove, A.S.A.
 J. Finn Knox-Seith, A.S.A.
 Brian C. Stentz, A.S.A.
 Jay W. Fuller, A.S.A.
 Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.
 Terry M. Long, F.S.A.
 David L. Batchelder, A.S.A.
 Leon L. Langlitz, F.S.A.
 Gary R. McElwain, FLMI
 Christopher H. Davis, F.S.A.
 Thomas L. Handley, F.S.A.
 Anthony G. Proulx, F.S.A.
 Karen E. Elsom, F.S.A.
 Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
 Timothy A. DeMars, F.S.A.
 Scott E. Morrow, F.S.A.

Baltimore

David A. Palmer, C.F.E.

October 5, 2011

Arkansas Insurance Department
 1200 W 3rd Street
 Little Rock, Arkansas

Re: PROTECTIVE LIFE INSURANCE COMPANY
 NAIC #68136; FEIN #63-0169720
 Rate Increase - Cancer Policy Form CA03, CA04, CA05, CA06 and CA08

Dear Sir or Madam:

The enclosed actuarial memorandum is being submitted on behalf of Protective Life Insurance Company for your review for approval of a 24.3% rate increase on the above cancer policy forms. Forms CA03, CA04, CA05, CA06 and CA08 have been combined for rating purposes. They all provide benefits for medical expenses incurred as a result of cancer-related expenses. All of the forms provide for unlimited Radiation & Chemotherapy benefits.

Even though a higher increase is justified, Protective has decided to limit the requested increase to equal trend.

If you have further questions regarding this matter, you may contact me by e-mail at balbritton@lewisellis.com or by telephone (972) 850-0850 collect.

Sincerely,

A handwritten signature in blue ink that reads 'Bonnie Albritton'.

Bonnie S. Albritton, F.S.A., M.A.A.A.
 Consulting Actuary



Mailing Address: Post Office Box 851857 • Richardson, Texas 75085-1857
 2929 N Central Expressway, Suite 200 • Richardson, TX 75080 • 972-850-0850 • FAX: 972-850-0851



Benefit Plans Group
2801 Highway 280 South
Birmingham, AL 35223
Toll-free: 888-645-2524
Fax: 205-268-6368



January 5, 2011

To Whom It May Concern:

I hereby authorize the actuarial consulting firm of Lewis & Ellis, Inc. to file rate revisions for cancer policies and riders on behalf of Protective Life Insurance Company.

This authorization includes the power to certify to the exempt status of certain forms, except where prohibited by law.

This authorization is to be effective January 1, 2011 to December 31, 2011.

A handwritten signature in cursive script, reading "Kathleen D. Britton". The signature is written in dark ink and is positioned above the printed name and title.

Kathleen D. Britton
Vice President, Life and Annuity Division

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Protective Life Insurance Co. P.O. Box 2606 Birmingham, AL	TN	Health	458	68136	63-0169720	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Bonnie Albritton P.O. Box 851857 Richardson, TX 75085-1857	972 850-0850	972 850-0851	balbritton@lewisellis.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	0289:201103
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		Group <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Employer <input type="checkbox"/> Discretionary <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Large <input type="checkbox"/> Association <input type="checkbox"/> Trust </div> <div> <input type="checkbox"/> Small and Large <input type="checkbox"/> Blanket </div> </div>

9.	Type of Insurance	H071 Individual Health- Specified Disease – Limited Benefit
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10.	Product Coding Matrix Filing Code	H071.002A
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other
		Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
		SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input checked="" type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>

12.	Filing Submission Date	10/13/2011	
13	Filing Fee (If required)	Amount <u>\$50</u>	Check Date <u>EFT</u>
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	09/08/2011	
15.	Filing Description:		
	Rate increase for supplemental cancer policies providing coverage for cancer related expenses, including unlimited radiation & chemotherapy.		

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> . Print Name		
<u>Bonnie Albritton</u>		Title <u>Consulting Actuary</u>
Signature <u>Bonnie Albritton</u>		Date: <u>10/13/2011</u>

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			24.3%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Rates	CA05	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>24.3</u> % - ____% <input type="checkbox"/> Other _____	
02	Rates	CA06	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>24.3</u> % - ____% <input type="checkbox"/> Other _____	
03	Rates	CA08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>24.3</u> % - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1

CANCER COVERAGE OUTLINE OF COVERAGE

POLICY FORM CA-03

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for actual expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Room and Board... (Semi-private room rate)	No lifetime maximum	Up to \$250 per day
In-Hospital Drugs & Medicine Diagnostic X-Rays & Lab...	No lifetime maximum	Up to 15% of In-Hospital Room & Board
Positive Diagnosis... diagnostic tests leading to positive Cancer diagnosis within 90 days	Only once for the same Cancer	Up to \$250
In-Hospital Special Nursing...	No lifetime maximum	Up to \$100 per day
In-Hospital Attending Physician...	No lifetime maximum	Up to \$30 per day
Blood & Plasma... not replaced by donors	No lifetime maximum	100%
Ambulance...	No lifetime maximum	100%
Radiation Therapy & Chemotherapy... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100%
New or Experimental Treatment...	Same as any other treatment	
Transportation... to nearest hospital providing prescribed specialized treatment	Maximum lifetime benefit \$2,000	100%

Family Member Lodging... while insured is hospitalized	60 days per hospitalization	Up to \$50 per day
Skilled Nursing Facility...	Up to number of days of covered hospital confinement	Up to \$50 per day
Breast Prosthesis...	Maximum \$600 lifetime	Up to \$300
Artificial Limb Prosthesis...	Maximum \$1,000 lifetime	Up to \$1,000
Surgical Expense...	Maximum \$3,000 for surgery Maximum \$900 for anesthesia per operation	See schedule in policy
First Occurrence... when internal Cancer first diagnosed	One time only per insured	\$1,000 lump sum
Waiver of Premium...	After 90 continuous days of disability due to cancer	
(The following benefits are in lieu of all other benefits under the policy.)		
Government Hospital Confinement...		First 30 days-\$175 per day Next 60 days-\$150 per day Thereafter-\$100 per day
Hospice... when treatment no longer prescribed and life expectancy less than 6 months	Maximum \$5,000 lifetime	Up to \$50 per day

(4) **Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred and are limited to the usual and customary charges for care, services or supplies. "Usual and customary" means the charges are not higher than the usual charge made by the provider and are similar to charges made by similar providers in the community.

All benefits under the policy will be reduced by 50% with respect to expenses incurred on or after an Insured's 65th birthday.

The policy covers only expenses resulting from treatment for Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy.

No benefits will be paid for treatment received outside the United States or its territories.

(5) **Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

CANCER COVERAGE OUTLINE OF COVERAGE

POLICY FORM CA-04

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for actual expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Room and Board... (Semi-private room rate)	No lifetime maximum	Up to \$125 per day
In-Hospital Drugs & Medicine Diagnostic X-Rays & Lab...	No lifetime maximum	Up to 15% of In-Hospital Room & Board
Positive Diagnosis... diagnostic tests leading to positive Cancer diagnosis within 90 days	Only once for the same Cancer	Up to \$125
In-Hospital Special Nursing...	No lifetime maximum	Up to \$50 per day
In-Hospital Attending Physician...	No lifetime maximum	Up to \$15 per day
Blood & Plasma... not replaced by donors	No lifetime maximum	100%
Ambulance...	No lifetime maximum	Up to \$50 per trip
Radiation Therapy & Chemotherapy... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100%
New or Experimental Treatment...	Same as any other treatment	

Transportation... to nearest hospital providing prescribed specialized treatment	Maximum lifetime benefit \$1,000	100%
Family Member Lodging... while insured is hospitalized	60 days per hospital- ization	Up to \$25 per day
Skilled Nursing Facility...	Up to number of days of covered hospital confinement	Up to \$25 per day
Breast Prosthesis...	Maximum \$300 lifetime	Up to \$150
Artificial Limb Prosthesis...	Maximum \$500 lifetime	Up to \$500
Surgical Expense...	Maximum \$1,500 for surgery Maximum \$450 for anesthesia per operation	See schedule in policy
First Occurrence... when internal Cancer first diagnosed	One time only per insured	\$500 lump sum
Waiver of Premium...	After 90 continuous days of disability due to cancer	
(The following benefits are in lieu of all other benefits under the policy.)		
Government Hospital Confinement...	First 30 days-\$88 per day Next 60 days-\$75 per day Thereafter-\$50 per day	
Hospice... when treatment no longer prescribed and life expectancy less than 6 months	Maximum \$2,500 lifetime	Up to \$25 per day

(4) **Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred and are limited to the usual and customary charges for care, services or supplies. "Usual and customary" means the charges are not higher than the usual charge made by the provider and are similar to charges made by similar providers in the community.

All benefits under the policy will be reduced by 50% with respect to expenses incurred on or after an insured's 65th birthday.

The policy covers only expenses resulting from treatment for Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy. No benefits will be paid for treatment received outside the United States or its territories.

(5) **Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

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CANCER COVERAGE OUTLINE OF COVERAGE

POLICY FORM CA-05

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for actual expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Room and Board.....	No lifetime maximum	\$160 per day (day 1-10) \$200 per day (day 11-75)
In-Hospital Special Nursing....	No lifetime maximum	Up to \$100 per day
In-Hospital Attending Physician.....	No lifetime maximum	Up to \$25 per day
Blood & Plasma..... not replaced by donors	No lifetime maximum	100%
Ambulance.....	No lifetime maximum	100%
Radiation Therapy & Chemotherapy..... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100%
New or Experimental Treatment..	Same as any other treatment	
Transportation..... to nearest hospital providing prescribed specialized treatment	No lifetime maximum	100% for commercial carrier \$.25 per mile for personal car

Home Recovery	Up to number of days of covered hospital confinement	\$100 per week (\$14.28 per day)
Prosthesis.....	Maximum of 2 devices	Up to \$500 each
Surgical Expense.....	Maximum \$2,500 for surgery Maximum \$630 for anesthesia per operation	See schedule in policy
Waiver of Premium.....	After 90 continuous days of disability due to cancer (The following benefits are in lieu of all other benefits under the policy.)	
Extended	No lifetime maximum	100% Hospital charges (day 76 and after)
Government Hospital Confinement.....	No lifetime maximum	\$200 per day
Hospice..... when treatment no longer prescribed and life expectancy less than 6 months	Maximum \$9,000 lifetime	Up to \$50 per day

(4) **Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred and are limited to the usual and customary charges for care, services or supplies. "Usual and customary" means the charges are not higher than the usual charge made by the provider and are similar to charges made by similar providers in the community.

The policy covers only expenses resulting from treatment for Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy.

No benefits will be paid for treatment received outside the United States or its territories.

(5) **Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

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This policy **IS NOT A MEDICARE SUPPLEMENT POLICY.**

LIMITED BENEFIT CANCER POLICY

OUTLINE OF COVERAGE

POLICY FORM CA-06-AR

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY.**

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Room and Board.....	No lifetime maximum	\$125 per day (day 1-10) \$150 per day (day 11-75)
In-Hospital Special Nursing....	No lifetime maximum	Up to \$100 per day
In-Hospital Attending Physician.....	No lifetime maximum	Up to \$20 per day
Blood & Plasma..... not replaced by donors	No lifetime maximum	70%
Ambulance.....	No lifetime maximum	100%
Radiation Therapy & Chemotherapy..... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100% of first \$7,500; 75% thereafter
New or Experimental Treatment..	Same as any other treatment	
Transportation..... to nearest hospital providing prescribed specialized treatment	No lifetime maximum	100% for commercial carrier \$.25 per mile for personal car

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Home Recovery	Up to number of days of prior Hospital confinement	\$100 per week (\$14.28 per day)
Prosthesis.....	Maximum of 3 devices	Up to \$300 each
Surgical Expense.....	Maximum \$1,500 for surgery Maximum \$405 for anesthesia per operation	See schedule in policy
Home Nursing Benefit.....	Up to 90 days	\$100 per day
Extended Care Facility.....	Up to twice the number of days of prior Hospital confinement	\$100 per day

(The following benefits are in lieu of all other benefits under the policy.)

Extended	No lifetime maximum	100% Hospital charges (day 76 and after)
Government Hospital Confinement.....	No lifetime maximum	\$100 per day
Hospice..... when treatment no longer prescribed and life expectancy less than 6 months	Maximum \$9,000 lifetime	Up to \$50 per day

(4) **Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred and are limited to the usual and customary charges for care, services or supplies. "Usual and customary" means the charges are not higher than the usual charge made by the provider and are similar to charges made by similar providers in the community.

The policy covers only expenses resulting from treatment for Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy.

No benefits will be paid for treatment received outside the United States or its territories.

(5) **Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

LIMITED BENEFIT CANCER COVERAGE

OUTLINE OF COVERAGE

POLICY FORM CA-08-AR

(1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY**.

(2) **Cancer Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) **Benefits** - This policy pays benefits for actual expenses an insured incurs due to hospital confinement and certain other expenses resulting from treatment for Cancer of an insured, subject to the maximums listed below.

Benefit	Benefit Period/Maximum	Amount
In-Hospital Benefit.....	No lifetime maximum	See Policy Schedule (day 1-10) \$40 Additional after day 10
In-Hospital Special Nursing....	No lifetime maximum	Up to \$150 per day
In-Hospital Attending Physician.....	No lifetime maximum	Up to \$30 per day
Blood & Plasma..... not replaced by donors	No lifetime maximum	100%
Ambulance.....	No lifetime maximum	100%
Radiation Therapy & Chemotherapy Drugs..... (excluding lab tests and diagnostic X-rays)	No lifetime maximum	100%
New or Experimental Treatment..	Same as any other treatment	
Transportation..... to nearest hospital providing prescribed specialized treatment	No lifetime maximum	100% for commercial carrier \$.30 per mile for personal car

Prosthesis.....	Maximum of \$2,000	Up to \$1,000 each
Surgical Expense.....	Maximum \$3,000 for surgery Maximum \$750 for anesthesia per operation	See schedule in policy
Waiver of Premium.....	After 90 continuous days of disability due to cancer	
Hospice.....	Maximum \$9,000 lifetime	Up to \$50 per day
when treatment no longer prescribed and life expectancy less than 6 months		

(The following benefits are in lieu of all other benefits under the policy.)

Extended	No lifetime maximum	100% Hospital charges (day 76 and after)
Government Hospital Confinement.....	No lifetime maximum	\$300 per day

(4) **Exclusions, Limitations, and Reductions** - Benefits are provided only for actual expenses incurred. Such expenses will consist of the actual charges by the Hospital, Physician or other providers subject to the limitations stated in the policy.

The policy covers only expenses resulting from treatment for Cancer and other conditions or diseases directly caused or aggravated by Cancer or the treatment of Cancer. Such Cancer must be diagnosed 30 days or more after the date of issue of the policy.

No benefits will be paid for treatment received outside the United States or its territories.

(5) **Renewability** - This policy is guaranteed renewable for life as long as premiums are paid when due. We reserve the right to change premium rates. Any change in premium rates will apply to all policies of the same class in your state of residence.

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